

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning Apr 1, 2019, and ending Mar 31, 2020

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization Prevent Blindness Georgia  
Doing business as \_\_\_\_\_  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
270 Carpenter Drive 606  
City or town, state or province, country, and ZIP or foreign postal code  
Atlanta, GA 30328

**D** Employer identification number  
58-6050305

**E** Telephone number  
(404) 266-2020

**G** Gross receipts \$ 821,027.

**F** Name and address of principal officer:  
Jill Thornton, same as C above, Sandy Springs, GA 30328

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☒ No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ 9425

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ www.pbga.org

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1965 **M** State of legal domicile: GA

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>to prevent blindness and preserve sight</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	23
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	457,286.	573,789.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,140.	9,184.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,255.	8,799.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	147,305.	112,538.
			622,986.	704,310.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	538,476.	475,464.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	20,000.	60,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>164,364.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	271,129.	363,670.
Net Assets or Fund Balances	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	829,605.	899,134.
	19	Revenue less expenses. Subtract line 18 from line 12	-206,619.	-194,824.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	820,451.	582,238.
	22	Net assets or fund balances. Subtract line 21 from line 20	285,067.	274,775.
			535,384.	307,463.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer Jill Thornton Date 2/12/21  
Type or print name and title Jill Thornton, President & CEO

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check ☐ if self-employed PTIN \_\_\_\_\_  
Firm's name **Non-Paid Preparer** Firm's EIN ▶ \_\_\_\_\_  
Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_